

**Illinois Heartland Emmaus Community
Upper Room Walk to Emmaus
Request for Reservation**

Deposit: _____
Balance: _____

TO BE COMPLETED BY SPONSOR:

Applicant name: _____ **Date:** _____

Weekend Walk Number to attend: _____

Sponsor name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best number to contact you: (_____) _____

Email: _____

Name/denomination of the church your are now attending:

Do you attend regularly? Yes ____ No ____

Where did you make your Walk to Emmaus, Cursillo, other? _____

When: _____ Number: _____

Are you in a reunion group? Yes ____ No ____

Number of pilgrims you have sponsored in the last year: _____

How long have you known your candidate? _____ Have you explained the Emmaus program, including the post weekend meeting and reunion groups to your candidate?

Yes ____ No ____

Why do you feel this person would be a good candidate?

Does your candidate have any physical or medical needs that must be addressed by the team during the weekend? Yes ____ No ____ If yes, please explain:

Is your candidate under any emotional strain or had a recent (within the past 12 months) life event such as a divorce or a death in the immediate family that might indicate his/her participation should be postponed? If YES, we strongly recommend the candidate wait at least 12 months from such an event has passed before attending on a weekend.

If the candidate is married, have you discussed the Walk to Emmaus with both the candidate AND the spouse? Yes _____ No _____

Do you have both applications? Yes _____ No _____ If no, please explain:

Are you willing to assist your candidate in getting into a reunion group?
Yes _____ No _____

Will you bring the candidate to the weekend site? Yes ____ No _____

Will you attend the sponsor's hour? Yes ____ No ____ Candlelight? Yes ____ No ____ Closing?
Yes ____ No _____

Are you aware that all of the events at the weekend site are for adults only?
Yes _____ No _____

Can you care for the needs of your candidate's spouse and family over the weekend?
Yes _____ No _____

Are you aware of the need for minimal contact with your candidate during the weekend?
Yes ____ No _____

I will bring my candidate to the follow-up meeting after the weekend. Yes ____ No _____

You must obtain the weekend emergency contact number that will be provided during check in at the start of the weekend and be available to receive calls from your candidate's family. You are at all times the candidate's liaison between their family and the facility.

Sponsor signature: _____ Date: _____

The full cost of the weekend is \$125. A \$25 deposit is to be included with the application. If scholarship help is needed for your applicant, please contact the Community Lay Director or Walk Board Advisor. **Mail applications to:** Illinois Heartland Emmaus Registrar, PO Box 364, Washington, IL 61571

Please note: A candidate is not officially registered until **BOTH** the sponsor and the candidate's application sheets are **fully filled out** and **received** by the registrar. Each weekend has a deadline for the minimum number of 10 candidates to be registered approximately 8 weeks prior to the start of the weekend. No applications will be accepted for any given weekend after the Friday prior to the start of the weekend. **There will be no exceptions.**